health care. The problem is what we call sometimes a ''health care system'' is not a system but a patchwork of different delivery methods. It is a local taxing jurisdiction, hospital districts, using property taxes in some States, of course supplemented by other taxes, and of course there is Federal Government-provided health care available, partially, at least, through the CHIPS Program, through Medicaid and through Medicare.

We do know there is a tremendous challenge to make sure everyone in this country has access to good quality health care. Those who do not have health insurance represent one of the biggest challenges. One of the things we have learned is this is not so much a challenge of getting everyone insurance. The real question is, How do we make sure everyone has access? Even for those who do not have health care insurance, we need to make sure they have access to health care.

Right now the irony is the Federal Government has already gotten into this area and mandated if you have nowhere else to turn for health care, you know you can always show up at the local emergency room at your hospital and get that health care provided. If you cannot pay for it, it is provided without charge to the patient. The problem is, in many major metropolitan areas on any given Friday or Saturday night, when the demands on the emergency room are great, many emergency rooms are on divert status, which means they cannot take anymore patients because they are full.

However, 80 percent of those people being treated in emergency rooms could be and should be more humanely, more efficiently, and less expensively provided health care in some other setting—in a clinic, for example.

One of the most amazing things about our health care delivery system in our country, while we do compensate—although some argue it is not as generous as it should be—we do compensate health care providers for providing health care to people after they are sick, we do a pretty lousy job of trying to give people access to what they need in order to prevent their getting sick.

We have made good strides forward with the Medicare bill we passed last year to provide prescription drugs to many seniors who did not have that. Of course, this Medicare discount drug card Senator TALENT talked about is an interim step that leads to the full implementation of that program in a couple of years when the vast infrastructure can be created to deliver that system.

For example, for someone who has not previously had access to a drug like Lipitor, one of the statin drugs—and there are a number of them; that is just one trade name—that perhaps can prevent someone from having to have more expensive, invasive, and dangerous surgery, either bypass surgery or angioplasty or perhaps placement of a stent, or something that costs a lot of money to treat if the basic cause that could be prevented is left untreated through the use of prescription drugs.

We have made a great step forward to broaden the number of people, to increase the number of people preventive measures are available to. That is smart. We ought to continue along that trend.

Mr. President, I ask to be reminded when I have 1 minute remaining of my time.

One of the things I believe is a great safety net in this country, that I have come to learn about and see used so well in my State, is federally qualified community health centers. The great thing about community health centers is they provide clinical—that is, nonemergency room—access to health care in your neighborhood, where you pay based on a sliding scale, based upon your ability to pay. These are actually designated health centers by the Federal Government. They have access to a number of important programs, for example, the Federal 340B Discount Pricing Program. This task force recommends that program be expanded to more people, so we can bring down the price of prescription drugs.

But these community health centers provide, on a sliding scale, access to care in one's local community, which I think is very important. I was told by the head of Parkland Hospital, one of the largest public hospitals in Dallas, TX, for example, that people show up in the emergency room to have a baby, where they have no health insurance. Because they have no health insurance, and may never have seen a doctor before they show up in the emergency room, the risk of injury to that baby—either it being born prematurely or some other health risk—goes up exponentially.

Even though they do not receive any income for it, Parkland Hospital routinely provides prenatal care for mothers, on a free basis, even though they do not get a penny paid by that pregnant mom. One reason is because they know the cost of 1 day in the neonatal intensive care unit at the Parkland Hospital costs about $10,000. Now, of course, I would like to say we would do that from our sheer desire to see healthy babies, but, unfortunately, money drives access.

My point is, in this instance what Parkland Hospital, in Dallas County, has decided to do in a way to help control costs is to ensure more healthy babies are born who do not need access to the neonatal intensive care unit, as they provide free prenatal care to these pregnant moms. But community health centers can make sure this pregnant mom has access to somewhere other than the emergency room of the hospital in which to get that important prenatal care.

We also would increase, as part of this task force report, the number of medical volunteers by extending critical Federal tort claims act liability coverage. This is an area that I think is very important.

The PRESIDING OFFICER. The Senator has 1 minute.

Mr. CORNYN. That is very important because the medical liability crisis in this country does not only hurt doctors and hospitals, but it hurts patients who are denied access to health care. One of the issues we have to deal with—I know the leader has brought it up several times, and we have been unable to get 60 votes to get an up-or-down vote on the merits of the legislation—is medical liability reform.

Whether it is increasing access to specialty care, increasing the number of federally qualified community health clinics, increasing access to prescription drugs by extending the Federal 340B Program, or creating an exemption so religiously sponsored health systems can create community health systems, integrated health systems, we have to do something about this crisis in this country. It is a crisis of access, not only of insurance. But I think we are well on our way to a good start.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

## ORDER OF PROCEDURE

Mr. REID. Mr. President, how much time is remaining on the side of the Democrats?

The PRESIDING OFFICER. There is 20 minutes.

Mr. REID. Mr. President, I yield 5 minutes to the Senator from Oregon, Mr. WYDEN, and 15 minutes to Senator STABENOW.

The PRESIDING OFFICER. The Senator from Oregon is recognized for 5 minutes.

## HEALTH CARE

Mr. WYDEN. Mr. President, I have always believed health care policy needs to be bipartisan, and needs to be ideas driven. So as we talk about health care, I come to the floor to mention an idea our colleague Senator KERRY has talked about which I think is especially promising for small business.

The reality is, a very high percentage of the uninsured work in small businesses. These small businesses are dying to cover their people. The owners of those small businesses do not get up in the morning and say: We want to be rotten to our workers in not giving coverage. They are dying to figure out ways to help their small businesses.

Senator KERRY has come up with an idea that I think is really innovative. He has said, given the fact resources are scarce, that dollars for trying to address the uninsured, the needs of our small businesses, are restricted, we ought to target those dollars where they are needed the most. He has proposed the Federal Government, with